REQUIREMENTS FOR MEDICAL LICENSURE

TO BE CONSIDERED FOR LICENSURE TO PRACTICE MEDICINE IN THE STATE OF MAINE, AN APPLICANT MUST SATISFY THE FOLLOWING REQUIREMENTS:

A. U.S.A. OR CANADIAN MEDICAL GRADUATES

1. Graduate from an accredited U.S. or Canadian medical school.

2. Postgraduate training (You must satisfy at least one of these categories):

   a) If you graduated on or after January 1, 1970 but before July 1, 2004 you must have satisfactorily completed at least 24 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education (ACGME), the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. If you graduated after July 1, 2004 you must have satisfactorily completed 36 months of approved postgraduate training.

   b) If you graduated before January 1, 1970 you must have satisfactorily completed at least 12 months in a graduate educational program accredited by the ACGME, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada.

   c) Have satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the ACGME and are eligible for accreditation by the American Board of Medical Specialties (ABMS) in both specialties.

   d) Are currently certified by ABMS.

3. Attain a passing score on one of the following examination sets:

   a) Each individual test of United States Medical Licensing Examination (USMLE), Federation Licensing Examination (FLEX), or National Board of Medical Examiners (NBME), separately or in an approved combination. There is a limit of three attempts for Step 3 and ALL exams must be completed within 7 years.

   b) State Board examination deemed equivalent by the Board to (a) above.*

   c) Licentiate of the Medical Council of Canada (LMCC).*

   d) British Isles Credentialing - General Medical Council of United Kingdom, or Republic of Ireland, or Scotland.*

4. Undergo a background check to verify professional competence, ethics and character.

5. Achieve a passing score on a State of Maine jurisprudence examination administered by the Board.

6. Complete and submit all applicable forms, fees, and documentation as required.

B. INTERNATIONAL MEDICAL GRADUATES

1. Graduate from a school listed in the latest edition of the Educational Commission for Foreign Medical Graduates IMED list of medical schools.

2. Postgraduate training: Satisfactorily completed at least 36 months in an internship/residency/fellowship program(s), which is accredited by the Accreditation Council on Graduate Medical Education (ACGME), the Canadian Medical Association, or the Royal Colleges of Physicians of England, Ireland, or Scotland, or has satisfactorily graduated from

a combined postgraduate training program in which each of the contributing programs is accredited by the ACGME and is eligible for accreditation by the American Board Of Medical Specialties (ABMS) in both specialties, or is certified by the ABMS. To apply for a waiver of postgraduate accreditation, see 32 MRSA, §3271,(6) at http://janus.state.me.us/legis/statutes/32/title32sec3271.html

3. Provide acceptable evidence of one of the following:

   a) Educational Commission for Foreign Medical Graduates (ECFMG) examination certification.

   b) Certification of Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS).

   c) VISA Qualifying Examination (VQE) examination certification.

   d) Successful completion of the Fifth Pathway program.

4. Attain a passing score on one of the following examination sets:

   a) Each individual test of the United States Medical Licensing Examination (USMLE), the Federation Licensing Examination (FLEX), or the National Board of Medical Examiners (NBME), separately or in an approved combination. There is a limit of three attempts for Step 3 and all exams must be completed within seven years.

   b) State Board examination deemed equivalent by the Board to (a) above.*

   c) Licentiate of the Medical Council of Canada (LMCC).*

   d) British Isles Credentialing - General Medical Council of the United Kingdom, or the Republic of Ireland.*

5. Undergo a background check to verify professional competence, ethics and character.

6. Achieve a passing score on a State of Maine jurisprudence examination administered by the Board.

7. Complete and submit all applicable forms, fees, and documentation as required.

* SUBJECT TO BOARD APPROVAL

PLEASE NOTE

Mandated Reporter Requirements for Suspected Child Abuse

Maine law requires that physicians immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the physician knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. **In addition, Maine law requires physicians to immediately report to the Maine DHHS if a child is under 6 months of age or otherwise nonambulatory exhibits evidence of the following: Fracture of a bone; Substantial bruising or multiple bruising; Subdural hematoma; Burns; Poisoning; or Injury resulting in substantial bleeding, soft tissue swelling or impairment of an organ**.

Mandated Reporter Training and additional information regarding mandated reporting can be found at:

http://www.maine.gov/dhhs/ocfs/cps/

Maine Prescription Monitoring Program

As of August 1, 2014, Maine law requires all Allopathic Physicians, Osteopathic Physicians, Dentists, Physician Assistants, Podiatrists, and Advanced Practice Registered Nurses who are licensed to prescribe scheduled medications to register with the Prescription Monitoring Program (PMP). To register, please go to the Prescription Monitoring Program website: http://www.maine.gov/pmp Download, complete and sign a registration form located within the yellow box. You may mail, scan and email or fax a signed form to the information located on the form. Please note there are two types of registration forms available, 1) Data Requester form for active prescribers with a DEA number and, 2) Sub-Account form for assistants/non-prescribing health professionals.

More PMP information is available at: http://www.maine.gov/dhhs/samhs/osa/data/pmp/prescriber.htm

The Board strongly recommends regular use of the PMP

INSTRUCTIONS FOR PERMANENT LICENSE APPLICATION

HOW TO APPLY

Before you complete this application, please review the Requirements for Medical Licensure. APPLICATION FEES ARE NOT REFUNDABLE. Incomplete applications or those received without the required fee or documents will not be processed. Applications will not be reviewed by the Secretary of the Board until all appropriate materials are received. Please type or print clearly in ink.

The following statement is made pursuant to the Privacy Act of 1974, Section 7(b):

> Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. § 175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. § 405 (c)(2)(c)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number, and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. § 191.

Procedures:

1. Board Application:

   (a) Complete Sections 1, 3, 4, 5 and 6 in the Application for License to Practice Medicine. You must respond to all components of the application as instructed.

   (b) The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board, but that default address is the home address, unless you specify otherwise (by checking the 'contact at' box under 'business address'). Unless you specify otherwise, your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop. If, subsequent to this application, your home or business contact information changes, you must immediately notify the Board. **Immediately upon beginning your practice of medicine in Maine, you must provide the Board with your Maine business address and phone number.**

   (c) **Complete Section 2, Affidavit of Applicant, in the presence of a Notary Public. The Notarial seal must cover a portion of the photograph, and the photo must fit within the box.** [TIP: The Federation Credentialing Verification Services (FCVS) application also requires a separate Affidavit that must be notarized. You may wish to have both forms notarized at the same time.]

   (d) Provide complete addresses in Section 6. Failure to do so will delay licensure.

2. Verification of License Standing in Other States/Provinces or Countries:

   (a) Unless Maine is to be your state of initial licensure and you presently hold a Maine Certificate of Medical Education for internship/residency in a Maine training program, you must have each licensing authority (state, Canadian province and/or country) which has ever issued you a medical practice license (including temporary licenses and education/training permits) verify the standing of that license directly to the Board. We are now participating in the VeriDoc electronic license verification system. This system is intended for use by physicians who practice in the United States and need to have verification of the status of their active and inactive medical licenses sent to another state medical board. The Board of Licensure in Medicine sends VeriDoc our database of

licensees on a daily basis. Maine-licensed MD's who are applying for licensure elsewhere will apply for Maine verifications to be sent to that licensing jurisdiction by logging on to www.veridoc.org .

(b) For those States who do not report to Veridoc, use the enclosed form entitled Verification of License – State/Province/Country. Make photocopies as required. Complete the release on the top half of the form and send one copy to each jurisdiction. These verifications must be received directly from the licensing authority.

Some licensing authorities may require a modest fee for verifying licensure. Inquire with each entity before mailing your request. Please do not contact the Maine Board for mailing addresses of other licensing authorities. [TIP: You may obtain the mailing address of all 68 U.S. medical licensing authorities at the Federation of State Medical Boards' website at www.fsmb.org, or by calling the board in question.]

(c) For British Isles Credentialing, contact the General Medical Council (GMC), 2nd Floor, Regent's Place, 350 Euston Road, London, NW1 3JN, or the Ireland Medical Council, Lynn House, Portobello Court, Lower Rathmines Road, Dublin 6, Ireland.

3. Malpractice Claims:

Your insurance carrier or attorney must provide an independent detailed explanation of all malpractice claims. This information must be received directly from the insurance company or attorney. This information is in addition to your personal explanation.

Application form items 5.13 & 5.14, regarding professional (malpractice) liability claims experience, are the questions most likely to generate follow-up letters from the Board staff and delay your licensure if not answered completely. Report all claims of which you have been noticed, as well as all claims from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff, or any claim for which a court found you liable in any degree. A reporting form is provided at page 15. Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute. To be complete, your supplemental explanation must include, for each such claim reported, a full description using the Professional (Malpractice) Liability Claims Experience Form (Page 15). See the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Woman's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Woman's Hospital

Malpractice Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Woman's Hospital was attending physician in this case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.
Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of $15,000.00 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd., Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare, P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

4. Submitting the Board Application:

(a) Application and Registration Fee: Attach a check or postal money order in the amount of $700.00 (payable to: Maine Board of Licensure in Medicine) to the front of your application. This includes a $450 application fee and a $250 initial registration fee. **The application fee is non-refundable.**

(b) Mail your application, fee and supporting materials (if applicable) directly to:

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137

5. Submitting the FCVS Application:

You must complete and submit an application to have your core medical credentials verified by FCVS. Any questions regarding the FCVS Application should be directed to FCVS. Please do not contact the Board regarding your FCVS Application.

Documentation of your credentials is conducted exclusively by FCVS. Do not attempt to expedite the verification process by requesting information on your behalf. The Board will only accept verification of your credentials, i.e. medical education, postgraduate training, examination history, board action history, ECFMG certification and identity, directly from FCVS via the FCVS Physician Information Profile.

Refer to http://www.fsmb.org/ and choose the Credentials Verification Service option to complete the verification process. When FCVS receives your information and documentation, a non-interpretive "Physician Information Profile" containing certified photocopies of your credentials is forwarded directly to the Board.For more information about the FCVS process, or if you need assistance completing the FCVS application, call toll-free 1-888-ASK-FCVS (1-888-275-3287). Please do not contact the Board about your FCVS application.

6. Complete and return the written examination, which is contained herein, with your completed application.

OTHER IMPORTANT INFORMATION

1. We find that it takes on average **90** days to receive responses to all of the inquiries requested in order to have a completed application packet. In an effort to provide better and faster service for you, we will contact you every 2 weeks with the current status of your application.

2. State Examination covering Maine law and Board rules and regulations.

   All applicants are required to complete a written examination, which is included. It is an open book exam, and review materials are online at http://www.docboard.org/me/licensure/dw_doc.html

3. Renewal date.

   The renewal date of your medical license is determined by your date of birth. Your first license is typically not for a full registration period of 2 years. The initial registration fee will register your license to practice until the first renewal date.

4. Time Expectations.

   The process of verifying your credentials and qualifications takes an average of 90 days. Your Board application, FCVS Profile, scored written exam and supporting documentation will be presented for review by the Board Secretary when deemed administratively complete. The Board usually meets every month to consider license applications.

INSTRUCTIONS FOR EMERGENCY/ LOCUM TENENS LICENSE APPLICATION

Reference: 32 M.R.S. § 3278. Emergency 100-Day License.

A physician who presents a full, current, active, unconditioned license from another U.S. licensing jurisdiction and who can provide reasonable proof of meeting qualifications for licensure in Maine, including documenting active clinical practice in another state for at least 3 months in the 12 months preceding application, may, without examination, be granted a temporary license for a period not to exceed 100 days, when the board deems it necessary to provide relief for declared local emergencies or for other appropriate reasons as determined by the Board. The fee for this emergency license shall be $300, payable at the time of application.

STATEMENT OF NEED

All applications for this temporary Maine medical practice license must be accompanied by a letter signed by a Maine hospital or health care facility which attests to a critical need in the community for the services of the applicant justifying temporary licensure. This request must indicate the beginning and ending dates of the need for the applicant's services.

HOW TO APPLY

1. Answer ALL questions.
2. Provide a copy of another state's full, current, active, unconditioned license.
3. Pay a license fee of $300.
4. **You must be eligible for and file a permanent license application and pay that application fee ($700) within 14 days of having been issued the emergency license, unless you request and receive a waiver from the Board in writing. A waiver may be granted in the event of a declared emergency, or brief, focused teaching or learning situations.**

THE APPLICATION FEE OF $300 IS NOT REFUNDABLE.

INSTRUCTIONS FOR TEMPORARY LICENSE APPLICATION

TEMPORARY LICENSURE REGULATION

32 M.R.S. § 3276. Temporary License.

Any physician who is qualified under section 3275 and who can document active clinical practice in another state for at least 3 months in the 12 months preceding application, may be granted a temporary license for a period not to exceed one year, when the board deems it necessary to provide relief for local or national emergencies or for situations in which there are insufficient physicians to supply adequate medical services, including Locum Tenens needs. The fee for this temporary license shall be $300 payable at the time of application.

STATEMENT OF NEED

All applications for a temporary Maine medical practice license must be accompanied by a letter signed by a Maine hospital or health care facility which attests to a critical need in the community for the services of the applicant justifying temporary licensure. **This request must indicate the beginning and ending dates of the need for the applicant's services**. Temporary licensure will normally not be considered for periods in excess of 6 months. However, the license may be extended for up to another 6-month period at no extra charge.

HOW TO APPLY

1. All applicants must meet the requirements for medical licensure outlined in 32 M.R.S. § 3271 http://www.mainelegislature.org/legis/statutes/32/title32sec3271.html

2. This application, together with supporting documents and application fee of $300, must be filed with the Board of Licensure in Medicine at least thirty (30) days prior to the desired effective date of licensure.

SUPPORTING DOCUMENTS

All applicants must provide notarized copies of ALL of the applicable following supporting credentials except items 4a and 5a:

1. Medical School Diploma.
2. Certificate(s) of postgraduate training or evidence of ABMS certification.
3. Current, active, unconditioned medical registration or license in another state.
4. Notarized copy of evidence of comprehensive licensing examination passed and accepted in state of original medical practice licensure (i.e. copy of NBME or LMCC certificate, FLEX/USMLE TRANSCRIPT OF SCORES (Not Score Report), or certificate of written examination results from state of initial licensure showing date and place of exam and score achieved).
    a. In lieu of number 4, request a Transcript of USMLE Scores at www.usmle.org/Scores_Transcripts/transcripts.html
5. Foreign Medical Graduates only: ECFMG certificate, or a letter showing the results of VQE or FMGEMS or successful completion of the Fifth Pathway program.
    a. In lieu of number 5, submit a request for certification to ECFMG through their Certification Verification Service at http://www.ecfmg.org/

All documents must be notarized or original source.

THE APPLICATION FEE OF $300 IS NOT REFUNDABLE.

INSTRUCTIONS FOR ADMINISTRATIVE LICENSE APPLICATION

ADMINISTRATIVE LICENSURE REGULATION

32 M.R.S. § 3271(7). Administrative Medical License.

1. An applicant for a License Limited to the practice of Administrative Medicine **must complete the same application, meet the same requirements for licensure as an applicant for an unlimited medical license,** and pay an application fee of $700.

2. An applicant for a License Limited to the practice of Administrative Medicine shall NOT be required to show that the applicant has been engaged in the active practice of medicine.

3. The holder of a License Limited to the practice of Administrative Medicine shall pay the same fees and meet all other requirements for issuance and renewal of that license as a person holding an unlimited license to practice medicine.

HOW TO APPLY

Refer to the Instructions for Permanent License Application.

THE APPLICATION FEE OF $700 IS NOT REFUNDABLE.

INSTRUCTIONS FOR CAMP LICENSE APPLICATION

YOUTH CAMP PHYSICIAN LICENSURE REGULATION

32 M.R.S. §3277. Youth Camp Physicians Licenses.

A temporary Camp License entitles the holder to care only for patients at the particular camp at which he/she is employed. Before you complete this application, please review the following requirements for temporary license as camp physician in the state of Maine. All applicants must meet the requirements for medical licensure outlined in 32 M.R.S. §3271. http://www.mainelegislature.org/legis/statutes/32/title32sec3271.html

HOW TO APPLY

1. Answer all questions.
2. Provide complete addresses of institutions you are currently affiliated with.
3. Pay an application fee of $100.

SUPPORTING DOCUMENTS

All applicants must provide notarized copies of ALL of the applicable following supporting credentials except items 4a and 5a:

1. Medical school diploma
2. Certificate(s) of post-graduate training;
3. Current year's medical license in another state/province;
4. Notarized copy of evidence of comprehensive licensing examination passed and accepted in state of original medical practice licensure (i.e. copy of NBME or LMCC certificate, FLEX/USMLE TRANSCRIPT OF SCORES (Not Score Report), or certificate of written examination results from state of initial licensure showing date and place of exam and score achieved).
    a. In lieu of number 4, request a Transcript of USMLE Scores at www.usmle.org/Scores_Transcripts/transcripts.html
5. Foreign Medical Graduates only: ECFMG certificate, or a letter showing the results of VQE or FMGEMS or successful completion of the Fifth Pathway program.
    a. In lieu of number 5, submit a request for certification to ECFMG through their Certification Verification Service at http://www.ecfmg.org/

All documents must be notarized or original source.

This application, together with all supporting documents and the fee of $100.00, must be filed with the Board of Licensure in Medicine **at least thirty days prior to the desired effective date of licensure.**

THE APPLICATION FEE OF $100 IS NOT REFUNDABLE.

INSTRUCTIONS FOR EDUCATIONAL CERTIFICATE APPLICATION

EDUCATIONAL CERTIFICATE REGULATION

32 M.R.S. §3279. Interns; Residents; Visiting Instructors.

An applicant who is qualified under section 3271, subsection 1 may receive a temporary educational certificate from the board to act as a hospital resident. A certificate issued to a hospital resident may be renewed every 3 years at the discretion of the board, but for not more than 7 years.

HOW TO APPLY

1. Answer all questions.
2. Provide complete addresses of institutions you are currently affiliated with.
3. Pay an application fee of $300.00 for a 3-year certificate or $100 per year of the training program, which must be filed with the Board of Licensure in Medicine at least thirty days prior to the start of that training.

SUPPORTING DOCUMENTS

1. Notarized copy of medical school diploma
2. Copy of a letter of offer of employment/appointment in a Maine postgraduate medical training program.

Foreign medical graduates must also provide a notarized copy of their Standard ECFMG Certificate, or letter showing results on the VQE. All documents must be notarized.

THE APPLICATION FEES ARE NOT REFUNDABLE

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137

1. I hereby apply for **(check appropriate license (s))**:

Permanent ($700) ___ Emergency/Permanent ($1,000) ___ Temporary ($300) ___

Educational ($100/yr)___ Camp ($100)___ Administrative ($700) ___

licensure to practice medicine and/or surgery in the State of Maine and in support of this, submit the following information.
Note: Locums Company addresses will not be accepted.

NAME: _____
Last First Middle

Home Address: _____ Work Address: _____
[ ] Use this as my contact address Number and Street **[ ] Use this as my contact address** Number and Street

_____ _____
City State Zip/Postal Code City State Zip/Postal Code

Home Telephone : _____ Work Telephone : _____

Cell Phone: _____

Place of Birth: _____ Date Of Birth: _____/_____/_____
Month Day Year

Social Security Number: _____-____-_____ Email Address: _____
[ ] Use this to contact me about my license

Please list any specialties or subspecialties, and if you are ABMS board certified in any specialty, check the box.

Primary Specialty: _____ ☐ Specialty2:_____ ☐

Specialty3: _____ ☐ Specialty4: _____ ☐

Will you practice in Maine within the next year? ☐ Yes ☐ No If yes, in what community? _____
_____

2. MEDICAL LICENSURE

List all states, provinces, or countries where you have held, now hold, or have applied for a medical license.

State or Country	Cert. #	Status	Date Expires	State or Country	Cert. #	Status	Date Expires

3. MEDICAL SCHOOL

A. _____ _____
NAME OF SCHOOL GRADUATION DATE

_____
CITY, STATE, COUNTRY

B. _____ _____
NAME OF SCHOOL GRADUATION DATE

_____
CITY, STATE, COUNTRY

4. POSTGRADUATE TRAINING

A. _____ _____
NAME OF INSTITUTION PGY (e.g., 1, 2, 3, etc)

_____
CITY, STATE, COUNTRY

FROM _____ _____ TO _____ _____ SUCCESSFULLY COMPLETED?_____ In Progress _____
MONTH YEAR MONTH YEAR

B. _____ _____
NAME OF INSTITUTION PGY (e.g., 1, 2, 3, etc)

_____
CITY, STATE, COUNTRY

FROM _____ _____ TO _____ _____ SUCCESSFULLY COMPLETED?_____ In Progress _____
MONTH YEAR MONTH YEAR

C. _____ _____
NAME OF INSTITUTION PGY (e.g., 1, 2, 3, etc)

_____
CITY, STATE, COUNTRY

FROM _____ _____ TO _____ _____ SUCCESSFULLY COMPLETED?_____ In Progress _____
MONTH YEAR MONTH YEAR

D. _____ _____
NAME OF INSTITUTION PGY (e.g., 1, 2, 3, etc)

_____
CITY, STATE, COUNTRY

FROM _____ _____ TO _____ _____ SUCCESSFULLY COMPLETED?_____ In Progress _____
MONTH YEAR MONTH YEAR

E. _____ _____
NAME OF INSTITUTION PGY (e.g., 1, 2, 3, etc)

_____
CITY, STATE, COUNTRY

FROM _____ _____ TO _____ _____ SUCCESSFULLY COMPLETED?_____ In Progress _____
MONTH YEAR MONTH YEAR

5. LIABILITY INSURANCE DATA

Information you supply here is required for the Maine Rural Health Access Program {24-A MRSA, Ch. 75, §6304, (3)}. The information will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force. Please select 'Self Insured' if you have no professional liability insurance, or if you only pay a portion of the premium.

Please check the appropriate box to indicate the method you employ to secure professional medical malpractice liability insurance.

☐ Self Insured ☐ Physician Paid ☐ Employer Paid

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: _____

Insurance Company (Name/Address):
_____ Policy #: _____
_____
_____
_____

6. PERSONAL DATA

Check off **(X)** each appropriate response. **Every 'YES' response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be cross-referenced with the question number, and must be signed, dated, and enclosed with your application.**

YES NO

☐ ☐ 1. Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?

☐ ☐ 2. Have you EVER agreed with any licensing authority to voluntarily follow practice limitations, restrictions, guidelines, to make reports or to complete specific continuing education or course work?

☐ ☐ 3. Have you EVER been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?

☐ ☐ 4. Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?

5. Have you EVER been denied registration, or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to:

☐ ☐ a) The U. S. Drug Enforcement Administration (US DEA)?

☐ ☐ b) Any state/territory of the U. S., INCLUDING MAINE?

☐ ☐ 6. Has there EVER been a finding by any state or federal court or governmental agency that you violated any rule or law regulating the practice of health care?

☐ ☐ 7. Has there EVER been a finding against you in any inquiry, investigation, or administrative or judicial proceeding by an employer, educational institution, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure?

☐ ☐ 8. Have you EVER received a sanction regarding Medicare or any state Medicaid program?

9. The purpose of the following questions is to determine the current fitness of the applicant to practice medicine. The following inquiries concern medical, mental health, and substance misuse issues. This information is treated confidentially by the Board. The mere fact of treatment for medical, mental health or substance misuse is not, in itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues. The Board encourages applicants who may benefit from such treatment to seek it. The Board may deny a license to applicants whose ability to function in the practice of medicine or whose behavior, judgment, and understanding is impaired by substance misuse or a medical or mental health condition.

☐ ☐ a. Do you have a mental or physical condition that currently impairs your ability to safely and competently practice medicine?

☐ ☐ b. Within the last five (5) years have you been diagnosed with or treated for any medical or mental health disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?

☐ ☐ c. Do you currently use any chemical substance(s), including alcohol, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?

YES NO

☐ ☐ N/A ☐ If any of your answers to questions 9(a-c) is "Yes," are the limitations or impairments caused by your medical, mental health, or substance misuse condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program? Current voluntary participation in the Medical Professionals Health Program or similar program will be kept confidential.

☐ ☐ d. Are you currently engaged in the illegal use of illicit drugs or prescription drugs that have not been prescribed to you pursuant to a legitimate physician-patient relationship? "Legitimate" means "Being in compliance with the law or in accordance with established and accepted standards."

☐ ☐ e. Have you EVER used illegal drugs or prescription drugs that have not been prescribed to you pursuant to a legitimate physician-patient relationship?

☐ ☐ f. Have you ever obtained illegal drugs or prescription drugs that were not prescribed to you pursuant to a legitimate physician-patient relationship?

☐ ☐ g. Have you EVER furnished or provided illegal drugs to anyone other than medical marijuana per applicable state law?

☐ ☐ h. Have you EVER furnished prescription drugs to or written a prescription for anyone without having a legitimate physician-patient relationship (This includes conduct for which you may NOT have been adjudicated in any civil, administrative or criminal proceeding)?

i. Have you EVER been found in any civil, administrative or criminal proceeding to have:

☐ ☐ Possessed, used, prescribed for use, or distributed any drugs in any way other than for legitimate or therapeutic purposes?

☐ ☐ Diverted any drugs?

☐ ☐ Violated any drug law?

☐ ☐ Prescribed any controlled substances for yourself or family/household members?

☐ ☐ j. Within the last five (5) years have you EVER raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or substance misuse disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

☐ ☐ 10. Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses such as Operating Under the Influence, but not minor traffic or parking violations.

☐ ☐ 11. Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?

☐ ☐ 12. Have you EVER had your staff privileges or employment at any hospital, long term care facility, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?

☐ ☐ 13. Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?

☐ ☐ 14. Have you EVER resigned from employment in lieu of termination or while under investigation?

YES NO

☐ ☐ 15. Have you EVER been terminated or suspended from any employment?

☐ ☐ 16. Have you EVER been deselected from a managed care organization physician panel?

☐ ☐ 17. Have you EVER been disciplined by a professional society or resigned while an accusation was pending?

☐ ☐ 18. Have you EVER endangered the safety of others, breached fiduciary obligations, or violated workplace conduct rules?

☐ ☐ 19. Have you EVER been named in any medical malpractice liability claim or lawsuit, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?

☐ ☐ 20. Do you have any open/pending malpractice claims?

☐ ☐ 21. Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

☐ ☐ 22. Do you plan to practice telemedicine in Maine?

☐ ☐ a. From within the state?

☐ ☐ b. From outside the state?

☐ ☐ c. Will you combine face to face practice and telemedicine?

☐ ☐ d. Will you practice only in conjunction with a state licensed physician?

7. AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say that I am the person described and identified in this application. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine.

I certify that I have read and understand all the requirements for Maine Licensure and further certify that I meet those requirements. I will immediately notify the Board in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, and foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of any professional and ethical qualifications for licensure in the state of Maine. I hereby release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine.

I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

_____
Signature of Applicant

_____
Date

_____
Signature of Notary

Notary Commission Expires:

Attach Current Passport-Type Photo Here

(Photo must be no larger than this square.)

Notary's Seal

1) APPLICANTS MUST SIGN THEIR FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC.
2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX A NOTARIAL SEAL OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.

8. PROFESSIONAL EXPERIENCE/HOSPITAL AFFILIATIONS/ WORK HISTORY

List **in chronological order** all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges. Include all periods of time (Month and Year) from the date of completion of residency to the present, whether or not engaged in activities related to medicine. Be certain to report **COMPLETE ADDRESSES**. Failure to do so will delay the application process. You may photocopy this page, if necessary.

From Mo./Yr.	To Mo./Yr.	Name of Hospital, Institution, or Practice	**Complete** Address (Street, City, State, Zip)	Nature of Experience	Office Use Only S	Office Use Only R

VERIFICATION OF LICENSE – STATE/PROVINCE/COUNTRY

SECRETARY:
I am applying for medical licensure in the State of Maine, USA. The Maine Board of Licensure in Medicine requires that your Board complete this form in order that I may be considered for licensure. This is my authorization to release all information in your files, favorable or otherwise, to the Maine Board of Licensure in Medicine.

_____ _____/____/_____
Print/Type Full Name Signature Date

_____/____/_____ _____
License Number Date Issued Address

_____
City State Zip Code

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

Name of Licensing Authority: _____

Mailing Address of Licensing Authority: _____

Name of Licensee: _____Date of Birth: ____/____/____
Month Day Year

License Number: _____ Date Issued: ____/____/____ Expiration Date: ____/____/____
Month Day Year Month Day Year

The license to practice medicine was issued on the basis of the following examination(s):

☐ FLEX ☐ NBME ☐ USMLE ☐ LMCC ☐ STATE ☐ OTHER: _____

☐ GENERAL MEDICAL COUNCIL OF THE UNITED KINGDOM ☐ REPUBLIC OF IRELAND

Medical School: _____Graduation Date: ____/____/____
Month Day Year

Is this license current? ☐Yes ☐No If No, please explain:_____

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state that is likely to result in formal disciplinary proceedings within one year of this date and/or reflects a pattern of misconduct and/or that conduct could be considered criminal in nature? ☐Yes ☐No ☐Cannot answer under state law

Have formal disciplinary proceedings been initiated against the applicant's license by a disciplinary authority in your state?

☐Yes ☐No ☐Cannot answer under state law

Has the applicant ever been warned, censured or in any other manner disciplined or has the applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state?

☐Yes ☐No ☐Cannot answer under state law

If you have responded "YES" to any of the above, please provide an explanation below:

_____

Please affix Board Seal here

_____/____/_____
Signature of Board Official Date

_____
Title

Thank you for your cooperation.

Please return this form to:

Maine Board of Licensure in Medicine
137 State House Station
161 Capitol Street
Augusta, ME 04333-0137
USA

Maine Board of Licensure in Medicine

Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims.

My Name:

Identity of Case:

Date and Place of Original Occurrence:

Malpractice Alleged By Claimant:

Summary of My Defense:

Current Status of Case (Include payment amounts):

Name and Address of Insurance Company and/or Attorney Defending the Case: